

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 17
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Gimenez Victory Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Alvarez, Maximo, , ,

Mailing Address 4834 NW 94th Doral Place

City
Miami

State
FL

Zip Code
33178

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sunshine Gasoline Distributors

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2020

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Argote, Gisela, , ,

Mailing Address 6460 SW 133rd Dr

City
Miami

State
FL

Zip Code
33156

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2020

Transaction ID : SA11AI.4147

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Castro, Luis, , ,

Mailing Address 528 NW 7th Ave

City
Miami

State
FL

Zip Code
33136

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UniVista Insurance

Occupation (for Individual)
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2020

Transaction ID : SA11AI.4177

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9500.00